

**BRANT COUNTY BOARD OF HEALTH
REGULAR AGENDA**
Wednesday, July 20, 2022, 9:30 a.m, Virtual/In-person Hybrid

1. CALL TO ORDER

Chair Susan Brown

2. CONFLICT OF INTEREST

3. ADDITIONS TO AGENDA / Motion to APPROVE AGENDA

4. APPROVAL OF MINUTES

4.1 Motion to approve Brant County Board of Health Minutes of June 15, 2022 *

All

5. INCAMERA

6. FINANCIAL REPORT

6.1 Financial Report ended May 31, 2022 *

Lisa DiDonato

6.2 Deferred Revenue Report *

Lisa DiDonato

6.3 Finance and Audit Committee Items

6.3.1 Denture Lab Equipment and Cabinetry Expenditure Report *

Lisa DiDonato

6.3.2 Southwest Rear Entrance Report *

Lisa DiDonato

6.3.3 Elevator Modernization Report *

Lisa DiDonato

7. STANDING REPORTS & BUSINESS ARISING FROM PREVIOUS MINUTES

7.1 Report from the Chair

Chair Susan Brown

7.2 Report from the Medical Officer of Health *

Dr. Rebecca Comley

7.3 Report from the Acting Senior Administrator *

Brent Richardson

7.4 Food Safety Disclosure Report

No report

7.5 COVID-19 Report *

Dr. Rebecca Comley

7.6 Strategic Planning

No report

7.7 Brantford Brant Norfolk Ontario Health Team Update

Dr. Rebecca Comley

Motion to accept reports as presented.

8. NEW BUSINESS & PROGRAM REPORTS

8.1 Harm Reduction Program Report *

Gerry Moniz / Alyssa Stryker

8.2 National Day of Truth and Reconciliation Report *

Brent Richardson

Motion to accept reports as presented.

- 9. CORRESPONDENCE** (*Board members may request a copy of items that are not attached from Board of Health Secretary*)
- 9.1** Correspondence from City of Toronto, dated June 9, 2022, re Response to COVID-19
 - 9.2** Correspondence from Sudbury & Districts Public Health, dated June 21, 2022, re Healthy Babies, Healthy Children Program funding.
 - 9.3** Correspondence from Chatham-Kent Public Health, dated June 28, 2022, re drug/opioid crisis in Ontario.
 - 9.4** Correspondence from Niagara Public Health, dated July 5, 2022, re improving indoor air quality to sustainably prevent COVID-19.

Motion to receive the correspondence.

10. QUESTIONS / ANNOUNCEMENTS

11. FUTURE AGENDA ITEMS

- 11.1** Presentation/Training – Indigenous Culture

12. NEXT MEETING DATE

Wednesday, August 17, 2022 – at the Call of the Chair.

Wednesday, September 21, 2022 (Request to move date to September 14 in progress)

13. ADJOURNMENT

Chair

Motion to adjourn the meeting.

* *Attachments*
⊕ *to be distributed at the meeting*

** *Attachments for Board of Health members only*

BRANT COUNTY BOARD OF HEALTH MEETING of July 20, 2022

REPORT #: 6.1

FROM: Lisa DiDonato, Director, Finance
REPORT DATE: July 13, 2022
RE: Financial Report for the five months ended May 31, 2022

The purpose of this report is to provide the financial results of the Brant County Health Unit (BCHU) for the five months ended May 31, 2022.

For the 2022 funding year, boards of health are expected to continue take all necessary measures to respond to COVID-19 in their catchment areas, support the Ministry in the roll-out of the COVID-19 Vaccine Program, and continue to maintain critical public health programs and services as identified in board of health approved pandemic plans.

While many of the COVID-19 activities fall within the scope of mandatory public health programs delivered by boards of health in accordance with Ontario Public Health Standards, the Ministry has acknowledged that the resources required to prevent, monitor, detect, and contain COVID-19 in the Province may result in increased expenses. In recognition of the unique circumstance, boards of health have been provided with one-time funding to support 2022 COVID-19 extraordinary costs over and above what can be managed from within the board of health's mandatory program budget.

As detailed in the financial expenditure variance summary, attached as Appendix A, the net expenditure surplus for five months ended May 31, 2022, was \$1,009,090.

The surplus is primarily the result of underspent COVID extraordinary expense funding, as well as the timing of program operating and capital purchases. The expectation is there will be an increase in the utilization of the funding in the 2nd and 3rd quarters.

	Surplus May 31, 2022
Mandatory Cost Share Programs	\$308,799
COVID Response and Vaccine Programs	\$518,950
100% Funded Programs	\$181,341
Total	\$1,009,090

In the five months ended May 31, 2022, BCHU incurred \$1.6 million in COVID-19 general and vaccine program expenditures. These costs, in addition to the redeployment of personal, include incremental salaries and benefits, technology and communication, purchased services, clinic supplies, personal protective equipment, training and mileage. The COVID expenditures for the five months ended May 31, 2022, are summarized below.

Expense Categories	Total
Employee Salaries and Benefits	\$1,497,273
Other	\$115,640
Total	\$1,612,913

Appendix A

**Brant County Health Unit
Financial Variance Summary
For the Period Ending May 31, 2022**

	Budget 5/31/2022	Actual 5/31/2022	Variance Surplus (Deficit)	% of Budget	Approved Budget 12/31/2022
Mandatory Cost Share Programs					
Salaries	3,548,949	3,579,405	(30,456)	(0.9%)	8,517,478
Benefits	824,253	826,084	(1,831)	(0.2%)	1,978,208
Mileage	20,708	24,350	(3,642)	(17.6%)	49,700
Staff Development	47,451	31,650	15,801	33.3%	113,881
Supplies	451,657	352,937	98,720	21.9%	1,083,973
Needle Exchange	36,335	16,324	20,011	55.1%	87,200
Operating Cost	56,071	42,253	13,818	24.6%	134,572
Building Maintenance	207,187	96,936	110,251	53.2%	497,248
Housekeeping Supplies	31,667	32,238	(571)	(1.8%)	76,000
Utilities	37,267	37,222	45	0.1%	89,440
Professional Fees	132,423	42,903	89,520	67.6%	317,815
Mandatory Cost Share Program Expenses	5,393,968	5,082,302	311,666	5.8%	12,945,515
COVID Vaccine and General Program and Recovery Expenses	(1,615,780)	(1,612,913)	(2,867)	0.2%	(3,877,873)
Mandatory Cost Share Program Expenses excluding COVID Expenses	3,778,188	3,469,389	308,799	8.2%	9,067,642
COVID Extraordinary Program Expenses					
COVID Absorbed Vaccine and General Program Expenses	1,615,780	1,612,913	2,867	0.2%	3,877,873
COVID Vaccine and General Program Extraordinary Expenses	516,083	-	516,083	100.0%	1,238,600
Total COVID Response and Vaccine Program Expenses	2,131,863	1,612,913	518,950	24.3%	5,116,473
Total Mandatory Cost Share Program Expenses	5,910,051	5,082,302	827,749	14.0%	14,184,115
100% Funded Program Expenses					
MOH - Ontario Seniors Dental Program	251,855	126,694	125,161	49.7%	604,450
MOH - School Focused Nurses Initiative Program	291,667	283,556	8,111	2.8%	700,000
MCCSS - Healthy Babies Healthy Children Program	429,473	386,680	42,793	10.0%	1,030,735
Health Canada - Canada Prenatal Nutrition Program	33,804	28,528	5,276	15.6%	81,130
Total 100% Funded Program Expenses	1,006,799	825,458	181,341	18.0%	2,416,315
	6,916,850	5,907,760	1,009,090	14.6%	16,600,430

BRANT COUNTY BOARD OF HEALTH MEETING of July 20, 2022
REPORT #: 6.2

FROM: Lisa DiDonato, Finance Director
REPORT DATE: June 10, 2022
RE: Deferred Revenue Report

The purpose of this report is to provide the Board of Health (BoH) with a synopsis of the amounts identified as deferred revenue.

Deferred revenue is money that was received in advance for programs and services that was not spent. Balances are maintained in accordance with BoH direction regarding use and are reviewed annually as part of the year-end reconciliation and reporting process.

Summarized in the table below are the funds that make up the \$537,407 balance reported on December 31, 2021. The table also includes recommendations for BoH review and consideration.

Description	Amount	Current Status	Recommendations
Canada Prenatal Nutrition Program (CPNP)	\$20,282.50	<ul style="list-style-type: none"> Represents the annual deferral of the funds received in advance for January to March of the subsequent year. 	<ul style="list-style-type: none"> Status quo, to be maintained and recognized into revenue the final year of contract.
Pay Equity	\$105,542.37	<ul style="list-style-type: none"> November 18, 2015 the BoH approved the funds be maintained to address potential future pay equity costs. 	<ul style="list-style-type: none"> Status quo, to be maintained to address potential future pay equity costs.
Capital Expenditures	\$124,351.69	<ul style="list-style-type: none"> November 18, 2015 the BoH approved the funds be amalgamated and maintained to be used to address future capital costs. 	<ul style="list-style-type: none"> Status quo, to be maintained to address potential future capital costs.
Chronic Diseases Prevention	\$36,308.14	<ul style="list-style-type: none"> November 18, 2015 the BoH approved the funds be maintained to be used for future program expenses within the Chronic Diseases Prevention program. 	<ul style="list-style-type: none"> Status quo, to be maintained to address future program expenses within the Chronic Diseases Prevention program.
Program or Capital Expenditures	\$174,480.81	<ul style="list-style-type: none"> May 18, 2016 the BoH approved the combined funds be maintained to used for future program or capital costs. 2022 Budget includes recognition of \$90,000 to fund website redesign. 	<ul style="list-style-type: none"> Status quo, to be maintain to future program or capital costs.

Description	Amount	Current Status	Recommendations
Day Care Research	\$30,000.00	<ul style="list-style-type: none"> • November 18, 2015 the BoH approved the funds to be maintained to be used for future program expenses. 	<ul style="list-style-type: none"> • Combine with Program and Capital Expenditures Funds and maintain to future program or capital costs.
Children in Need of Treatment CINOT Expansion	\$60,369.28	<ul style="list-style-type: none"> • No Activity since 2011 	<ul style="list-style-type: none"> • Combine with Program and Capital Expenditures Funds and maintain to future program or capital costs.
Website Funding	\$8,960.00	<ul style="list-style-type: none"> • No activity since 2017 	<ul style="list-style-type: none"> • Combine with Program and Capital Expenditures Funds and maintain to future program or capital costs.
Miscellaneous	\$7,111.99	<ul style="list-style-type: none"> • Little to no activity since 2001 with minimal to no details. 	<ul style="list-style-type: none"> • Combine with Program and Capital Expenditures Funds and maintain to future program or capital costs.

BRANT COUNTY BOARD OF HEALTH MEETING of July 20, 2022
REPORT #: 6.3.1

FROM: Lisa DiDonato, Finance Director
REPORT DATE: July 13, 2022
RE: Denture Lab Equipment and Cabinetry Expenditure Approval

The purpose of this report is to request approval for the purchase of denture laboratory equipment and cabinetry in accordance with the Brant County Health Unit (BCHU) Procurement policy.

Prior to July 2022, the Health Unit provided denture services utilizing the professional services of the staff dentist and third-party laboratory services. In an effort to meet the increasing demands for denture and dental services, the Health Unit has begun to implement a more efficient alternative denture service delivery model. With approximately 50% of the existing staff dentist's available hours being utilized for denture related services, BCHU has retained the services of a part-time denturist to help alleviate the denture specific services.

The Health Unit currently procures third-party laboratory services of approximately \$50,000 per year for traditional dentures. Molds of the gums and teeth are sent to an off-site laboratory to be made into stone models and wax rims.

Using the Ontario Seniors Dental Care Program 100% funding, BCHU is requesting approval to purchase the digital denture equipment and cabinetry required to design and fabricate digital dentures and repair traditional dentures on site. In addition to net annual third-party manufacturing savings, the Health Unit expects to see a decrease in the number of per patient visits as the denturist will now have the ability to adjust denture appliances during patient visits while enhancing the customer experience.

Space has been identified for a denture lab on the 1st floor in close proximity to the dental operatories. With limited qualified vendors for denture equipment the Health Unit has received initial estimates from two vendors. Both have recommended that the denturist be identified prior to finalizing equipment and lab design. BCHU has onboarded a denturist that will actively participate in the design process.

Initial project estimates for equipment, cabinetry, and facilities modifications (electrical, plumbing, etc.) range from \$90,000 to \$160,000. Funding is available within the 100% funded Ontario Seniors Dental Program 2022 budget.

	2022 Budgets
Ontario Seniors Dental Care - Special Equipment (100% Funded)	\$130,000
Ontario Seniors Dental Care – 2022 Funding Increase (100% Funded)	\$53,213
Health Smiles Ontario - Special Equipment (Cost Share)	\$25,000

Although the expectation is that final purchases will be made from multiple qualified vendors as the total value of the project exceeds \$50,000 the Health Unit is seeking Board of Health approval in accordance with the procurement policy.

BRANT COUNTY BOARD OF HEALTH MEETING of July 20, 2022
REPORT #: 6.3.2

FROM: Lisa DiDonato, Finance Director
REPORT DATE: July 13, 2022
RE: Southwest Rear Entrance Report

The purpose of this report is to seek approval to proceed with the purchase of contracting services for the southwest rear canopy entrance at 194 Terrace Hill Street in Brantford for \$44,975 before taxes.

In accordance with the Brant County Health Unit (BCHU) Procurement Policy (IV-080) all purchases, and commitments from \$20,000 and up to \$49,999 (excluding taxes) require the approval of the Medical Officer of Health or the Chief Executive Officer and a competitive process of two written quotes.

In accordance with the policy, the Health Unit has attempted to obtain at least two written quotations with limited success. With resource shortages and a building boom it has proven difficult to obtain written quotes from qualified vendors.

With the rear entrance showing significant signs of wear and the potential for hazards, the Health Unit is requesting approval to proceed with the quote received from an experienced local contractor. BCHU is also seeking approval for a 15% contingency in the event that other work not identified in the initial assessment is deemed necessary by the Health Unit in consultation with the contractor.

The project will be funded using one-time capital funding of \$23,000 approved by the Ministry of Health for the 2022-2023 funding year and 2022 budgeted building operating funds.

BRANT COUNTY BOARD OF HEALTH MEETING of July 20, 2022
REPORT #: 6.3.3

FROM: Lisa DiDonato, Finance Director
REPORT DATE: July 13, 2022
RE: Elevator Modernization Report

The purpose of this report is to seek approval to issue a Request for Proposal (RFP) from qualified proponents for the West Elevator Modernization in accordance with the policies and procedures of the Brant County Health Unit (BCHU) Procurement Policy (IV-080).

In June 2022, the Health Unit engaged, through a competitive process, the services of F. Shaw Management & Consulting Inc. to identify the work required related to elevator modernization with cost estimates and modernization specifications and assist in the preparation and analysis of bid documents. The initial work has begun, with the aim to issue the RFP by early September 2022.

One-time capital funding of \$150,000 for the refurbishment of the west elevator at the 194 Terrace Hill Street location has been approved by the Ministry of Health for the 2022-2023 funding year. This urgent infrastructure renewal project will extend the useful life of the elevator and improve functionality. The elevator is currently subject to repeated servicing downtimes which can interrupt the delivery of critical public health programs and services.

In accordance with the BCHU Procurement Policy (IV-080) all purchases, and commitments over \$100,000 (excluding taxes) require the approval of the Board of Health and a formal bidding process.

BRANT COUNTY BOARD OF HEALTH MEETING of July 20, 2022
REPORT #: 7.2

FROM: Dr. Rebecca Comley, Acting Medical Officer of Health
REPORT DATE: June 13, 2022
RE: Medical Officer of Health Report

MONKEYPOX

PROVINCIAL CONTEXT (May 20 to July 11)

- 156 confirmed cases of monkeypox in Ontario
 - 124/156 (79.5%) confirmed cases were reported by Toronto Public Health
 - 1 confirmed case in Brant County Health Unit's (BCHU) jurisdiction
- Severity and outcome:
 - Hospitalizations (confirmed cases):
 - Ever hospitalized: 9 (5.5%)
 - Ever in ICU: 1 (0.6%)
 - Fatality rate: 0%

[Monkeypox in Ontario: May 20, 2022 to July 11, 2022 \(publichealthontario.ca\)](https://www.health.gov.on.ca/en/publichealth/monkeypox/monkeypox_in_ontario_may_20_2022_to_july_11_2022.php)

LOCAL RESPONSE

- Mobilized vaccine from provincial stockpile for post-exposure vaccination
- Developed plans for pre-exposure vaccination for eligible individuals
- Communication to healthcare providers regarding diagnosis and reporting
- Website/media updates for general public
 - Risk to general public remains very low.

BRANTFORD BRANT NORFOLK ONTARIO HEALTH TEAM

- BCHU continues to participate in local Ontario Health Team (OHT) meetings
- Opportunities for input and collaboration include:
 - Links to relevant working groups (e.g., Mental Health and Addictions working group)
 - Community supports for COVID-19 response (e.g., Clinical Assessment Centres).

BRANT COUNTY BOARD OF HEALTH MEETING of July 20, 2022
REPORT #: 7.3

FROM: Brent Richardson, Acting Senior Administrator
REPORT DATE: July 12, 2022
RE: Acting Senior Administrator Update

We remain focused on our objective to enhance the culture and the effectiveness of the Brant County Health Unit (BCHU). We continue to focus on establishing trust and building relationships at all levels of the organization. As part of that process, we hope to continue fostering a positive and supportive working relationship between the Health Unit and the Board of Health. We want to continuously enhance the level of communication to ensure the Board of Health is informed promptly on the critical matters of interest to the Board.

We continue to meet with each program team to gather feedback using the start, stop and continue model. This critical information and feedback provide insight and suggestions for us to consider for future planning and implementation.

Key priorities under development currently are staffing/recruitment, COVID fourth dose planning, and operations, capital projects, staff development and team building.

Substantial efforts are being made to enhance the culture at BCHU through active engagement with staff and clear and consistent communication. We always look for opportunities to improve the culture by reinforcing a respectful and supportive work environment emphasizing accountability. An example of this is the refresh currently underway of our agreed-upon corporate Ground Rules identified and created by staff to ensure we remain accountable to each other. At the management level, we are currently working on a strategy to address communication and recognition as they have been identified through various feedback methods as two main growth areas.

BRANT COUNTY BOARD OF HEALTH MEETING of July 20, 2022 REPORT #: 7.5

FROM: Dr. Rebecca Comley, Acting Medical Officer of Health
REPORT DATE: July 13, 2022
RE: COVID-19 Report

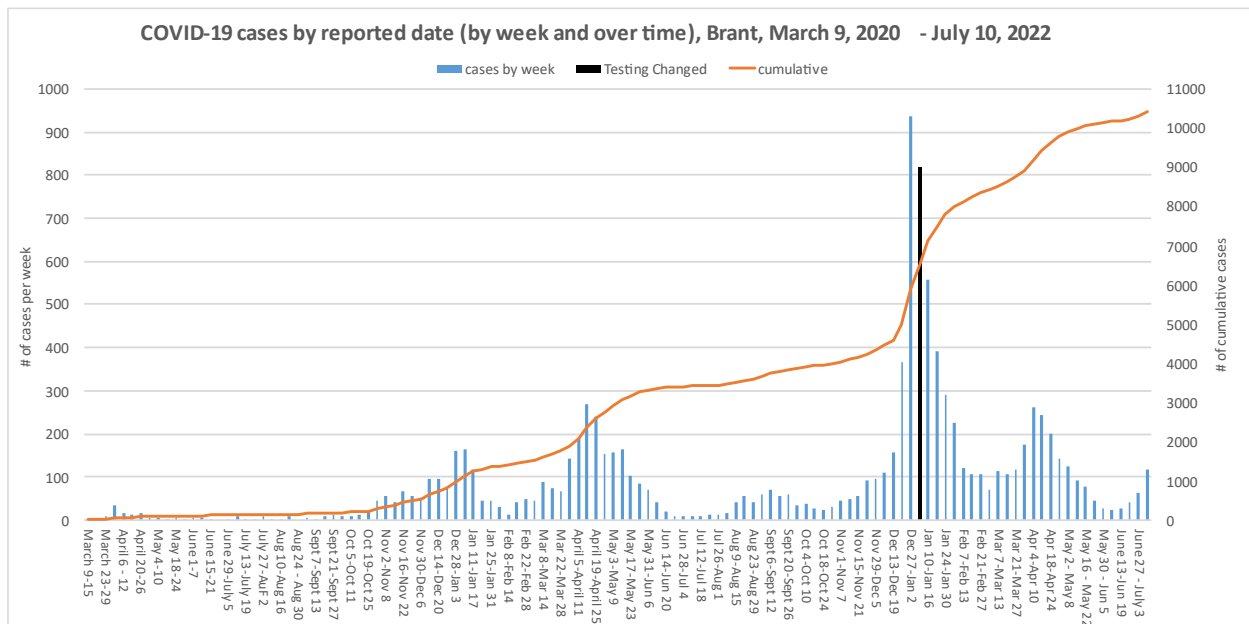
Brant/Brantford has entered Wave 7 of COVID-19, driven by the BA-5 subvariant. Our trends continue to mirror provincial statistics.

SURVEILLANCE

COVID-19 Cases and Hospitalizations

Both cases and hospitalization have increased locally. Hospitalization increase included predominantly non-severe cases. The graph below illustrates the trend in cases and hospitalizations in the past two months, capturing the end of Wave 6 and upswing of the current wave.

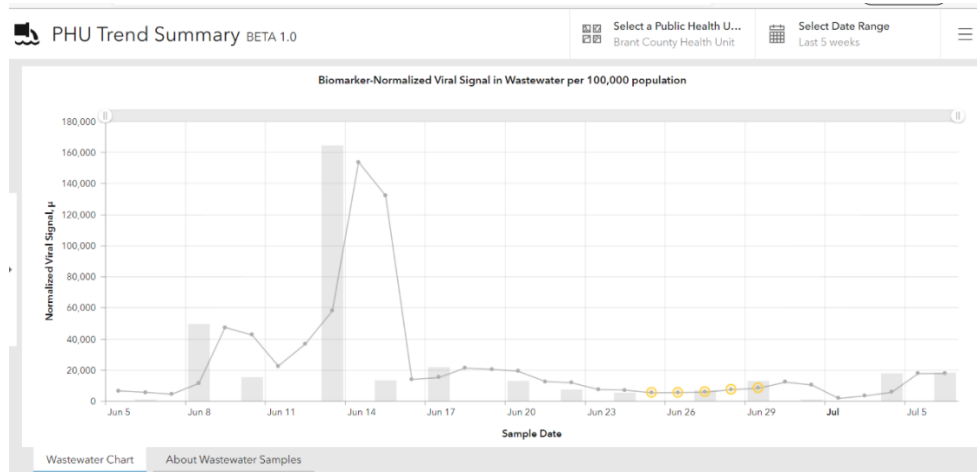
Provincial analysis of severity mirrors Wave 6.



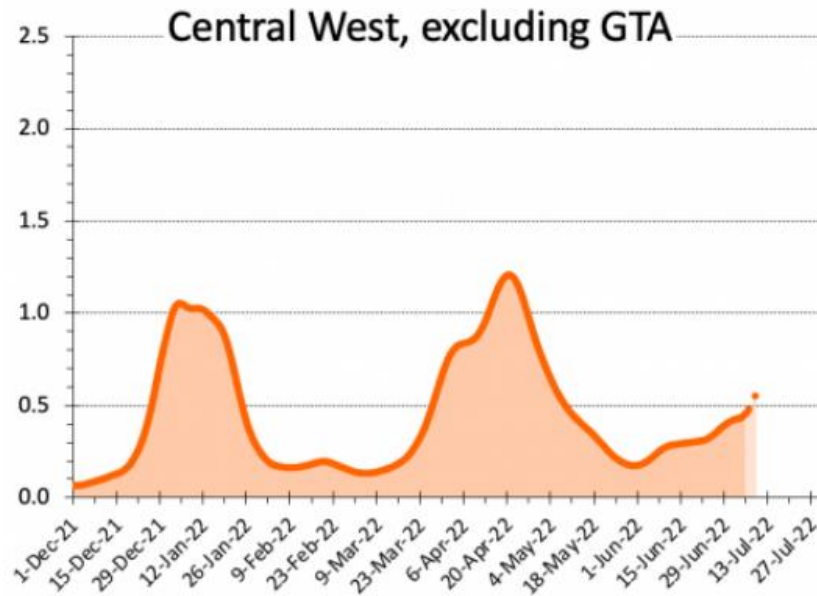
Source: CCM database

Wastewater Surveillance Data

Wastewater (WW) data does not seem to mirror the trend in reported COVID cases; the screenshot below and the attached trend analysis report indicate that there was a statistically significant drop in WW virus signal from June 13 to 25, where COVID cases show a steady growth in same period.

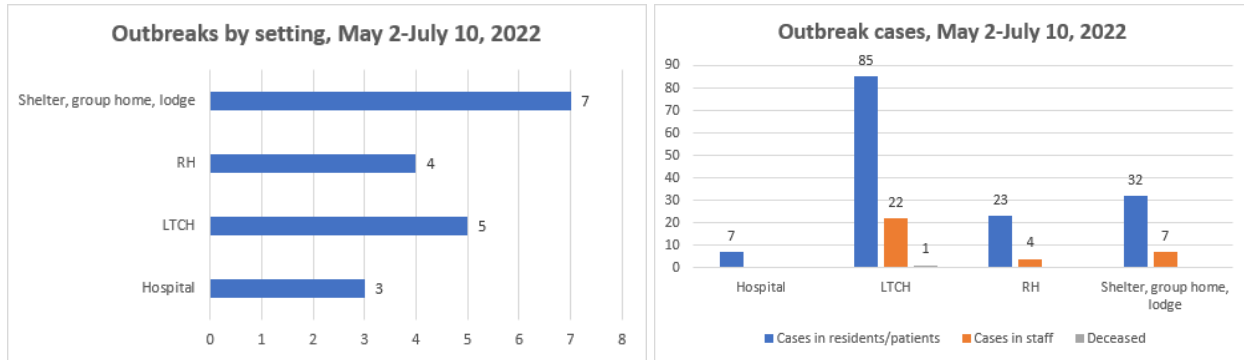


In contrast, below is provincial data from the COVID Science Table Wastewater Dashboard:



OUTBREAK MANAGEMENT

Outbreaks in congregate settings have increased in the past 2-3 weeks. Mortality rate among cases in these settings remains low.



COMMUNICATIONS

Messaging has included a statement about the increase in cases in this region. It has included a recommendation for masking in public places where distancing cannot be maintained and considering gathering outdoors. Ongoing messaging about staying up to date with vaccination is also reinforced.

VACCINATION

Booster dose recommendations and Fall planning:

National Advisory Committee on Immunization (NACI) – Interim guidance on planning considerations for a fall 2022 COVID-19 Vaccine booster program in Canada (published June 29, 2022):

- Recommended individuals who are at increased risk of severe illness from COVID-19 should be offered a fall COVID-19 vaccine booster dose regardless of the number of booster doses previously received. (Strong recommendation)
- Recommended that all other individuals 12-64 years of age may be offered a fall COVID-19 booster dose regardless of the number of booster doses previously received. (Discretionary recommendation)
- Recommended that COVID-19 booster doses may be offered at an interval of 6 months since previous COVID 19 vaccine dose or SARS-CoV-2 infection (however a shorter interval of at least 3 months may be warranted in the context of heightened epi risk, etc.). (Discretionary recommendation)

Chief Medical Officer of Health (CMOH) Announcement – July 13, 2022

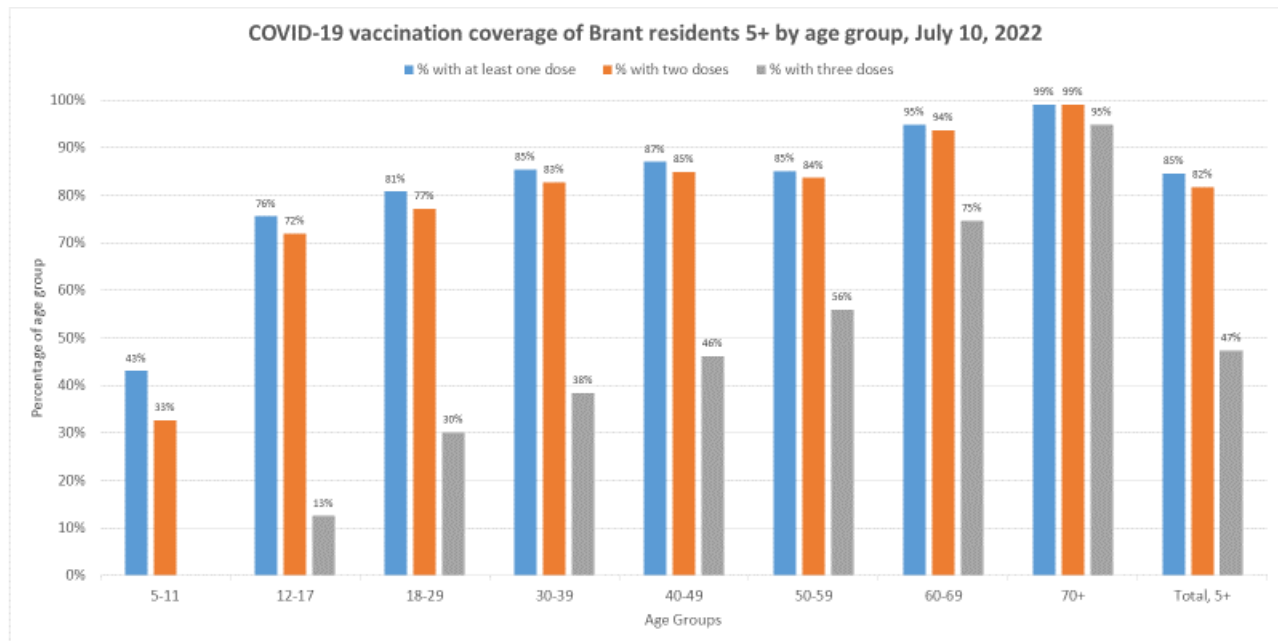
Second booster dose eligibility expanded in Ontario:

- Ages 18+ who are higher risk – RECOMMENDED
- Ages 18-59 who are not high risk – OFFERED – decision to get vaccinated will be based on own risk calculation
- Intervals:
 - 5 months since previous booster (or infection) – as early as 3 months.

Anticipated announcements:

- Moderna (6 months -6 years of age) – expecting NACI recommendations (week of July 17)
- Bivalent vaccines – continued uncertainty about timing and supply.

Current Vaccine Coverage:



Source: COVAX database

BRANT COUNTY BOARD OF HEALTH MEETING of July 20, 2022

REPORT #: 8.1

**FROM: Gerry Moniz, Manager, Chronic Disease Prevention and Injury Prevention
Alyssa Stryker, Brantford-Brant Drugs Strategy Coordinator**

REPORT DATE: July 20, 2022

RE: Harm Reduction Report

Overview of activities to date

Brantford-Brant Community Drugs Strategy (Drugs Strategy)

- The Drugs Strategy Coordinator met with over 50 members of the Brantford-Brant community to discuss the community's challenges with respect to drug-related issues.
- The 2022 Action Plan has been approved by Drugs Strategy partners (appended to this report). Many activities are continuing from 2021. New initiatives include the Harm Reduction Community of Practice, Communication Plan for the Drugs Strategy, and expanded anti-stigma campaign.
- The Harm Reduction Community of Practice was launched in June 2022. It provides Brantford-Brant harm reduction providers regular opportunities for capacity building, professional development and peer learning.
- One of the Drugs Strategy partners, Grand River Community Health Centre, secured federal funding for a 15-month safer supply pilot project. Hiring is underway for four positions to execute the pilot.
- Drugs Strategy partners are finalizing a proposal for the treatment component of the Drug Treatment and Court initiative and will begin outreach to potential judicial partners in the next several months.
- Thirteen staff from various partner organizations and the Brant County Health Unit (BCHU) have been trained to deliver the PreVenture program, under the leadership of Drugs Strategy partner Woodview Mental Health and Autism Services. So far this year, four PreVenture workshops have been delivered and Woodview is planning to scale up delivery in the fall.
- Several lapsed members of the Drugs Strategy Coordinating Committee have been re-engaged, including Brant Community Healthcare System and the County of Brant. Discussions about effective coordination with the Brantford Brant Norfolk Ontario Health Team and the Six Nations Integrated Drug Strategy are ongoing.
- The work is underway to review and update the Drugs Strategy Coordinating Committee Terms of Reference.

Harm Reduction Program

- BCHU continues to promote and deliver Naloxone training to the community. A total of 14 businesses or community partners have been trained so far this year.

- BCHU onboarded two new Naloxone partners and two new harm reduction supply distribution sites. Conversations are ongoing with four additional potential Naloxone partners. Renewal of Naloxone and harm reduction supply agreements with existing community partners is underway.
- Harm reduction and anti-stigma education as well as harm reduction supply distribution continue monthly at Winston Court.
- Two community resource maps have been produced identifying needle bin locations and Naloxone distribution sites in the community.
- The anti-stigma campaign, “Stigma Ends Here”, continues via social media and the website.
- BCHU staff continue to monitor and respond to reports of improperly discarded needles in the community. From January to June 2022, there were 108 reports of used needles from the public and businesses with 398 needles picked up and disposed. This is significantly lower than the number of reports and collected used needles in the same period in 2021 (178 reports, 880 needles picked up).

Opioid Surveillance

- From January to June 2022, a total of 96 suspected opioid incidents were reported, including 14 deaths and 82 overdoses. This is lower than the number of deaths (21) and overdoses (104) in the same period in 2021.
- Opioid-related incidents continue to be highest among males and the 25-34 age group, with fentanyl being the most common drug contributing to overdoses and deaths.

Brant-Brantford Drugs Strategy Action Plan 2022

The action plan provides an overview of the 2022 initiatives related to the goals and recommendations from the *Brant-Brantford Drugs Strategy* (2017). The action plan offers insight into the collaborative work of partners of the Drugs Strategy and is not intended to be an exhaustive list of activities that many agencies within the Brant/Brantford communities are doing to achieve the vision of a healthy, safe community free from the harms of drug use. The work of many organizations to fulfill their respective mandates may directly or indirectly support the goals of the Drugs Strategy.

Goals from Drugs Strategy	Initiative Description	Lead, Partners, and Timelines
<p>Goal 1: A community that is responsive to the unique and immediate needs of vulnerable people</p> <ul style="list-style-type: none"> • Increase access to medically supervised mental health and addictions programming. <p>Goal 3: A community that supports the recovery and long-term success of individuals</p> <ul style="list-style-type: none"> • Increase opportunities for coordinated planning with individuals struggling with addiction and mental health issues. <p>Goal 4: A community that prioritizes the health and safety of its residents</p> <ul style="list-style-type: none"> • Implement supervised consumption services. 	<p>Consumption and Treatment Services (CTS) A site people who use injectable substances can attend to consume their substances in a hygienic space with key services available, including health, addiction treatment, counselling, housing, and other social services. Currently efforts are being made to secure a site, alongside anti-stigma efforts described below. The project cannot move forward until a site is secured.</p> <p>Interim option to explore: Urgent Public Health Needs Sites (UPHNS) / Overdose Prevention Sites (OPS) An alternative option for implementing CTS with an expedited approval process but requires a funding source for operating and capital costs to be sustained until the CTS is approved. Approval through Health Canada for up to 1 year with possibility of extension, mainly if CTS is being explored.</p> <p>Safer Supply A harm reduction approach to substance use that offers people who use substances a reliable source of accessing legal and regulated supply of drugs. Healthcare practitioners prescribe the substances either within their private practice or within a</p>	<p>Lead: Grand River Community Health Centre</p> <p>Partners: St. Leonard’s Community Services, The AIDS Network, People with Lived Experience, Brantford Police, Brant County Health Unit (BCHU)</p> <p>Timeline: January to December (and onward)</p>

Goals from Drugs Strategy	Initiative Description	Lead, Partners, and Timelines
	<p>particular site, such as CTS. Substances include certain opioids, stimulants, and benzodiazepines. A grant application for a pilot program has been submitted and Grand River Community Health Centre awaits a decision.</p>	
<p>Goal 1: A community that is proactive and prevention focused</p> <ul style="list-style-type: none"> • Increase public awareness of harm reduction principles and its function in community safety • Increase public awareness of the realities of substance use, addiction, and stigma for the individual and families <p>Goal 5: A community that values the dignity, expertise and spirit of all people</p> <ul style="list-style-type: none"> • Launch an anti-stigma campaign targeting community members, local institutions, and services <p>Goal 7: A community that wants to learn more</p> <ul style="list-style-type: none"> • Offer education opportunities for community members and organizations to learn about harm reduction and stigma around drug use 	<p>Anti-Stigma Education</p> <p>This initiative will build on the existing web-based and social media campaign highlighting the stories of people with lived experience. These efforts will focus on:</p> <ul style="list-style-type: none"> • Harm reduction as a philosophy and approach to service provision • Consumption and treatment services (CTS) • Naloxone and overdose response • Drug use and criminalization • Destigmatizing people who use drugs • Other topics as they arise <p>Audiences identified as a priority during the 2021 Fall Forum include healthcare providers, neighbourhood associations/groups, and the general public.</p>	<p>Lead: Brant County Health Unit</p> <p>Partners: Brantford Substance Users Network, Harm Reduction Community of Practice</p> <p>Timeline: January-May: Continuation of anti-stigma work on carryover themes from 2021; June-December: Identification, product development and release of anti-stigma products on new priority themes.</p>
<p>Goal 2: A community that is responsive to the unique and</p>	<p>Harm Reduction Community of Practice</p>	<p>Lead: BCHU & St. Leonard's</p>

Goals from Drugs Strategy	Initiative Description	Lead, Partners, and Timelines
<p>immediate needs of vulnerable people</p> <ul style="list-style-type: none"> • Ensure the work of addictions and mental health practitioners is valued and best practices are followed • Integrate the experiences and knowledge of people with lived experience 	<p>Develop a forum for harm reduction providers in Brantford-Brant County to learn from each other, target work on key issues, work to streamline services, build on best practices, and fill current service gaps.</p> <p>Some harm reduction challenges identified at the 2021 Fall Forum that the Community of Practice may wish to take up include: lack of access to harm reduction supplies on weekends and in the Eagle Place neighbourhood; lack of access to fentanyl test strips/drug checking; the need to streamline services; potential for religious spaces to be points of contact for harm reduction supplies; need for large scale naloxone training/a full community response to overdose.</p> <p>Peer Learning & Support Identify additional opportunities for peer learning and capacity-building on topics relevant to drugs strategy partners. This could involve presentations/workshops from those working on drug-related issues in other jurisdictions, educational opportunities aimed at particular audiences (e.g. physicians, social service providers), a grieving group for those impacted by overdose or other initiatives as appropriate.</p>	<p>Partners: TBC; anyone providing harm reduction services in the community</p> <p>Timelines: May to December</p>
<p>Goal 1: A community that is proactive and prevention focused</p> <ul style="list-style-type: none"> • Increase awareness and education about substance use and mental health for youth and their caregivers. 	<p>PreVenture An evidence-based prevention-focused education program for adolescents (12-18 years) delivered through workshops tailored to assessment profiles of participants.</p>	<p>Lead: Woodview</p> <p>Partners: BCHU, Brant Family & Children’s Services, Boys and Girls Club, Six Nations Child and Family Services</p>

Goals from Drugs Strategy	Initiative Description	Lead, Partners, and Timelines
<p>Goal 8: A community that engages, supports, and empowers youth</p> <ul style="list-style-type: none"> Encourage enhanced coordination between mental health and addiction services for youth. 		<p>Timeline: July - December 2022 and beyond (Ongoing delivery of PreVentrue within the community. Working to have all trained staff facilitate a workshop. Developing and implementing promotion of the program within the community.)</p>
<p>Goal 3: A community that supports the recovery and long-term success of individuals</p> <ul style="list-style-type: none"> Increase recovery-focused solutions for individuals involved in the criminal justice system. Increase opportunities for coordinated planning with individuals struggling with addiction and mental health issues. 	<p>Drug Treatment and Court collaborative A collaborative effort to bring together the criminal justice system with treatment services for people with substance use disorders to help reduce crime committed because of drug dependency.</p>	<p>Lead: Kevin McGilly, Cindy Kemp-Wonzo</p> <p>Partners: Canadian Mental Health Association Brantford Haldimand Norfolk, St. Leonard's, Six Nations, Probation & Parole</p> <p>Timeline: January to December (and beyond – expected launch in 2023)</p>
<p>Goal 6: A community that works collaboratively</p> <ul style="list-style-type: none"> Develop a mechanism for ongoing implementation and evaluation of the Drugs Strategy. 	<p>Raise the profile of Drugs Strategy communications A collaborative effort to relaunch the communications work of the Drugs Strategy, including raising the profile of the Drugs Strategy.</p>	<p>Lead: Drugs Strategy Communications Committee</p> <p>Partners: Brantford Substance Users Network, City of Brantford, St Leonard's Community Services, The AIDS Network, Woodview, Grand River Community Health Centre, Brant County Health Unit, Brantford Police</p> <p>Timeline: June to December</p>

BRANT COUNTY BOARD OF HEALTH MEETING of July 20, 2022
REPORT #: 8.2

FROM: Brent Richardson, Acting Senior Administrator
REPORT DATE: July 14, 2022
RE: National Day of Truth and Reconciliation

Indigenous Peoples have long advocated for creating a national day to celebrate the diverse cultures, resilience and contributions of Indigenous Peoples and commemorate the history and legacy of the residential school system.

In recent years, September 30 has been known as Orange Shirt Day. Founded by Phyllis Webstad, Orange Shirt Day was a grassroots campaign that grew out of her own experiences and the experiences of other residential school survivors who attended St. Joseph's Mission near Williams Lake, also known as Cariboo Residential School.

September 30 has been identified as a special day to honour and hold up the healing journeys of residential school survivors and their families, a day to recognize and raise awareness about the history and impact of the residential school system in Canada. This has become a significant opportunity to open dialogue on anti-racism and anti-bullying.

This year marks the second National Day for Truth and Reconciliation.

We support the Indigenous communities who have suffered so greatly, including the unjust losses of their children and grandchildren, sisters and brothers, nieces and nephews. We stand with them, and will continue to support them by learning, educating, discussing, asking questions, and acknowledging the losses, impacts, and injustice that residential schools had on the Indigenous community.

Recommendation:

The Board of Health approves the closure of the Brant County Health Unit and any Non-essential services on September 30 annually to recognize the National Day of Truth and Reconciliation.

There will be no disruption to COVID Vaccine Clinics scheduled for September 30th. Staff scheduled to work the clinics will be compensated as per their respective collective agreement.